

## TS Onboarding Job Aid – DocuSign Remote Verification



In this Job Aid, we will be taking you through the steps of completing a Temporary Solutions New Hire Onboarding Packet as well as how to complete the I-9 Steps remotely. After reading through this booklet, feel free to call Temporary Solutions if you have any questions and we will be happy to help.

We suggest using **Google Chrome** when working through the DocuSign database.

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You will be asked to complete the following forms:

1. [Application for Employment State of North Carolina](#)
2. [Employment through Temporary Solutions](#)
3. [Equal Opportunity Information](#)
4. [Direct Deposit Form](#)
5. [W4 Tax Form](#)
6. [NC-4 EZ Form](#)
7. [I-9 Form](#)

You may click on each title above to take you to the form on this document.

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### Helpful Tips & Tricks

- In order to move through each section of DocuSign, you must **click** the **Initial** or **Sign Here** icons.
- The **Next** button only takes you to the **next required area**
  - **Please Note:** You can use the **Tab** button on your keyboard or the **Next** button on the screen in order to move through each section
- If a Placement Counselor sent you more than one version of onboarding documents to review, please use the most recent notification in order to start the most current documents
  - For **Direct Deposit Enrollment Form**, please **select Mid-Monthly or Bi-Weekly**
- If you are unsure what current section of the DocuSign requires, please look at two areas:
  - **The blue banner at the top of the DocuSign page**
  - **Hover over the area with your mouse**
- You **do not** have to complete your documents all at one time. You can **Finish Later** by clicking the **Other Actions** drop down at the top of your screen
  - For more information about the **Other Actions Drop down**, please click [here](#)
- If you **do not** have access to a computer, there is a **DocuSign mobile app**

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**DocuSign Notification & Command Icon/Button Descriptions**

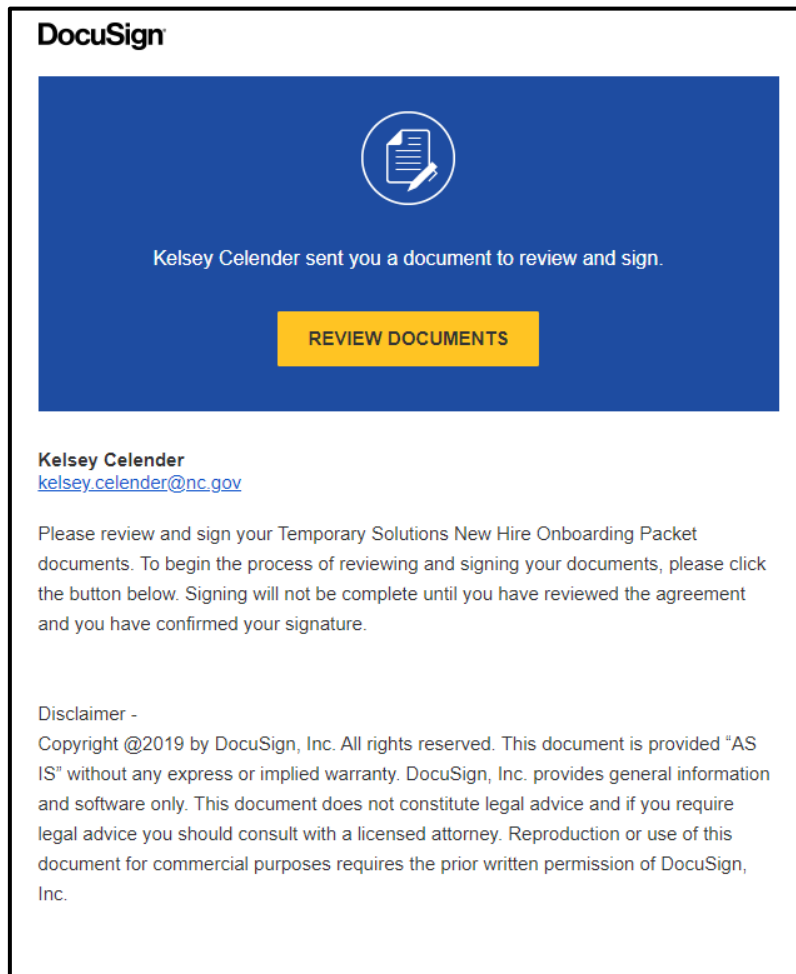
	This button takes the user to the beginning of the document <b>or</b> where the user left off last session.
	This icon shows the user is required to click the <b>Initial Arrow</b> as acknowledgement and agreement of the statement.
	This notification means this area requires the user to click the <b>Sign Arrow</b> as acknowledgement and agreement of the statement.
	This button takes the user to the documents that need to be reviewed.
	This command icon takes the user to the next required section of the document. This does <b>not</b> sign nor initial for the user.
	This command icon shows the user this area requires a selection by clicking a radio button from the options provided.
	This command icon shows the user this section needs to be filled in by typing in the blank text box(s).
	This red circle icon instructs users to select a statement/choice.
	This red rectangle icon instructs users this text box requires to be completed.
	This paperclip icon serves the user as a notification a file is required to be attached.
	This paperclip icon means the user's attachment has uploaded.

## Temporary Solutions Employee DocuSign Booklet – Onboarding & Remote Verification

In order to first retrieve your documents, you will receive an email from a Temporary Solutions Placement Counselor.

### **Email Message Retrieval & Review**

When you open the email from DocuSign, it will look similar to shown below.



### **Email Message Details**

Please **review** the **message details** in the email. The name and email of the Temporary Solutions representative requesting your review and signature is listed on the top left of this email message.

**Note:** The Placement Counselor's email address is provided in order to assist you throughout the hire and orientation process.

## Temporary Solutions Employee DocuSign Booklet – Onboarding & Remote Verification

### How to Review the Documents


Please **click** the yellow **Review Documents** link in the email. Please make sure you are using **Google Chrome** (if able).

Your screen should now look like shown below.

This site uses cookies, some of which are required for the operation of the site. [Learn More](#) OK

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**Please Review & Act on These Documents** DocuSign

 **Kelsey Celender**  
Carahsoft OBO North Carolina Office of State Human Resources

Please review and sign your Temporary Solutions New Hire Onboarding Packet documents. To begin the process of reviewing and signing your documents, please click the button below. Signing will not be complete until you have reviewed the documents and confirmed your signature.  
[View More](#)

**Please read the Electronic Record and Signature Disclosure.**  
☐ I agree to use electronic records and signatures. CONTINUE **OTHER ACTIONS** ▼

*required to review the employee's identity and employment authorization documents in the employee's physical presence. However, employers must inspect the Section 2 documents remotely (e.g., over video link, fax or email, etc.) and obtain, inspect, and retain copies of the documents, within three business days for purposes of completing Section 2.*

Temporary Solutions is a program of the North Carolina Office of State Human Resources (OSHR). It provides North Carolina state government agencies with a variety of services designed to fill temporary positions with highly qualified candidates and monitors agency compliance with temporary employment laws and policies. Temporary Solutions provides the names of qualified candidates to agencies, processes payroll, withholds state and federal taxes, and verifies employment eligibility in E-Verify. It also provides recruitment and onboarding services and ensures that eligible temporary workers are offered employer-provided health insurance. Temporary Solutions is not the employer of the temporary employees<sup>1</sup> to and for which it provides these services.

Temporary Solutions provides electronic onboarding services through DocuSign to newly hired and re-hired temporary employees using the Temporary Solutions Onboarding Packet<sup>2</sup> ("onboarding packet"), which includes the Form I-9. The electronic onboarding packet is transmitted in DocuSign via an "envelope".<sup>3</sup> The temporary employee, who is the first recipient in the DocuSign signing order, is required to complete and sign the Form I-9 through Section 1 and the attached Foreign Visitor Information Form if needed. When the temporary employee clicks "Finish," the Form I-9 is automatically transmitted to a State government agent identified by the employing agency, typically the temporary employee's supervisor or an agency Human Resources representative, which is the second recipient in the DocuSign signing order. The agent is responsible for arranging a physical inspection of the temporary employee's identity and employment authorization document(s). Upon doing so, the agent completes and signs Section 2 of the Form I-9, follows the prompts to attach electronic copies of the List A or Lists B and C document(s), and clicks "Finish." The envelope containing the fully executed documents is then automatically returned to the Placement Counselor, who confirms the temporary

<sup>1</sup> When used in this document, "temporary employee(s)" refers only to temporary employees who are paid through Temporary Solutions. Temporary employees referenced in this document are employees of their assigned agency, not Temporary Solutions.  
<sup>2</sup> The Temporary Solutions Onboarding Packet includes: 1) Employment through Temporary Solutions Form, which introduces Temporary Solutions as primarily an onboarding and payroll service, distinguishing it from the employing agency. It also provides pertinent information about temporary employment through the State, including ineligibility for most benefits, mandatory break-in-service, and timekeeping requirements; 2) State of North Carolina – Equal Employment Opportunity Form, which requests voluntary demographics information such as date of birth, ethnicity, sex, and disability to help determine the effectiveness of Temporary Solutions recruitment efforts in reaching all segments of the population; 3) Direct Deposit Enrollment and Change Form; 4) W4; 5) NC-4EZ; and 6) Form I-9, including the Foreign Visitor Information Form (completed where required).

### Please Review & Act on These Documents DocuSign Message Details

At the top of your internet screen you will see the message shown below.

**Please Review & Act on These Documents**

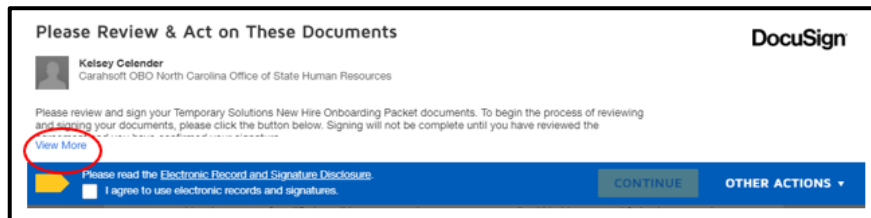
 **Kelsey Celender**  
Carahsoft OBO North Carolina Office of State Human Resources

Please review and sign your Temporary Solutions New Hire Onboarding Packet documents. To begin the process of reviewing and signing your documents, please click the button below. Signing will not be complete until you have reviewed the agreement and you have confirmed your signature.

Disclaimer -  
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[View Less](#)

## Temporary Solutions Employee DocuSign Booklet – Onboarding & Remote Verification

If the message on your screen is cut off, please click the blue **‘View More’** button (circled in red below).



Next, please read the Electronic Record and Signature Disclosure agreement by **clicking** the hyperlink.

After you have reviewed the disclosure, please **click** the **white box** in order to agree to use electronic records and signatures.

**Note:** You may not continue until you have agreed to use electronic records and signatures.

After **clicking** that **you agree**, you will notice you are able to **click** the Continue button (as shown below).

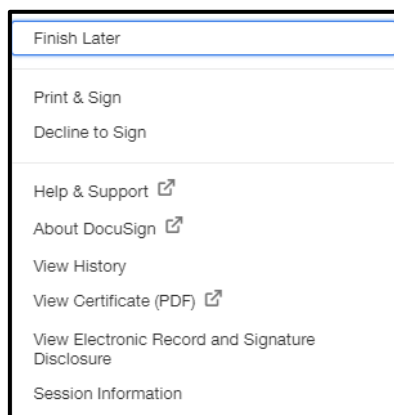


### Other Actions Drop Down Menu

Throughout the process you will be given the option to Continue, Finish Other Actions drop down menu (shown below).



After clicking the **Other Actions**, you will see the choices below.



### **Temporary Solutions Guidelines for Remote Employment Eligibility Verification (Form I-9)**

Please review the Guidelines provided to you regarding remote completion of the I-9.

Please read and review **all 3 pages**. At the bottom of page 3, you will be asked to **sign and date**. By signing the document, you confirm that you have read and understood the information reviewed (as shown below).

Employees:

By signing below, I have read and understand the guidelines for remote employment eligibility verification of the Form I-9. It is my responsibility to upload copies of one document from List A or one document from List B and List C to be verified by my employer.

Sign  
↓

Date: 4/13/2020

Please click the **sign** icon in order to move forward with the documents.

This will prompt the **Adopt Your Initials** to create and confirm the following:  
Your name, initials and signature in DocuSign

**Please Note:** *If you have used DocuSign previously your previous selections may already be in place. This is okay.*

### **How to Adopt Your Name, Initials & Signature in DocuSign**

In order to sign, provide your initials and more, please confirm the requested information below.

Adopt Your Initials

Confirm your name, initials, and signature.

\* Required

Full Name\*

Temporary Employee

Initials\*

TE

SELECT STYLE

DRAW

UPLOAD

PREVIEW

DocuSigned by:

Temporary Employee

80D96076C60C4F4...

DS

TE

Change Style

By selecting Adopt and Initial, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND INITIAL

CANCEL

**Note:** If the Placement Counselor mistyped your name in the request process, you can fix your **Full Name** and **Initials** at this time.

If you would like to change the style, draw or upload a specific signature you are able to at this screen.

## Temporary Solutions Employee DocuSign Booklet – Onboarding & Remote Verification

If you are ok with the current style, please **click the Adopt and Initial button** (shown above). This confirms your signature and initials.

You will now notice the Employees signature is now signed (as shown below).

Employees:

By signing below, I have read and understand the guidelines for remote employment eligibility verification of the Form I-9. It is my responsibility to upload copies of one document from List A or one document from List B and List C to be verified by my employer.

DocuSigned by:

Temporary Employee

80090070C00C4F4...

Date: 4/13/2020

You may see the **Next** button (shown below). This takes you to the **next required area**, this does **not** complete the initial and signature for you.



After clicking, **next** you will be brought to the State Application for completion.



## Application for Employment State of North Carolina

In this section on the onboarding documentation, you will be asked to complete a **state application**.

Please complete this to the **best of your knowledge** as the education and experience completion will be used in order to **qualify** you for the budgeted hourly rate by the Placement Counselor team.

**Important:** If your professional field requires you to have a license or registration, please complete the Current Professional Status section and Licenses and certifications on pages 2 & 3 of your application.

## The Equal Opportunity Information

THANK YOU FOR YOUR INTEREST IN STATE GOVERNMENT. NORTH CAROLINA WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

PD 107 (REV 09/08/2011)

### Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age, genetic information or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

#### Date of Birth

(Month) (Day) (Year)

#### Gender

☐

Male

☐

Female

#### ETHNIC GROUP

1. ☐ White (non-Hispanic)
2. ☐ Black (non-Hispanic)
3. ☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. ☐ Asian (including Pacific Islander)
5. ☐ American Indian (including Alaskan native)

In order to complete this area, you are required to complete the following:

Data of Birth

Gender

Ethnic Group

## Date of Birth

Please complete the **Data of Birth** section by either, **typing in the blank textbox** in the format MM/DD/YYYY or **selecting your date of birth** by the **calendar pop up** (shown below).

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(Month)

(Day)

(Year)

ETHNIC GR

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2. ☐ Blac

3. ☐ Hisp

### Ethnic Group

Please **select** among the 5 groups by **clicking** the **blank red box**. You may select more than one (as shown below).

ETHNIC GROUP	
1.	<input checked="" type="checkbox"/> White (non-Hispanic)
2.	<input checked="" type="checkbox"/> Black (non-Hispanic)
3.	<input checked="" type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4.	<input checked="" type="checkbox"/> Asian (including Pacific Islander)
5.	<input checked="" type="checkbox"/> American Indian (including Alaskan native)

### Gender

Please **select** a gender by **clicking one** of the selections. After making your selection, please **click** the **next icon** or **scroll down** to **page 2**.

## Application for Employment – (Availability, RIF Priority, Military Service, Work Preferences)

In order to complete the second page of the application, you must complete the required fields.

You can tell which fields are required by them having a **red outline** (shown below).

APPLICATION FOR EMPLOYMENT		STATE OF NORTH CAROLINA		Date of Application 4/13/2020
Last 4 digits of Social Security No.	Last Name Employee	First Name Temporary	Middle Name	
Address (Street number and name)		City	County	
State	Zip Code	Phone (Home or where you can be reached)	Business Phone	
Availability				

Please complete the **last 4 digits of social security number** by typing them in the **blank text box**.

**Please Note:** Your Last Name and First Name are **automatically populated** from when you adopted your name, initiated & signature earlier. Please [click here](#) to return to those instructions.

Next, please type in your **Address, City, County, State & Zip Code** by typing into the **blank red textboxes**.

When completing your **phone** section, please make sure to use the format of **###-###-####** (as shown below).

APPLICATION FOR EMPLOYMENT		STATE OF NORTH CAROLINA		Date of Application 4/13/2020
Last 4 digits of Social Security No. 0000	Last Name Employee	First Name Temporary	Middle Name	
Address (Street number and name) 1000 Temporary Solutions Way		City Raleigh	County Wake	
State NC	Zip Code 27603	Phone (Home or where you can be reached) 000-000-0000	Business Phone	

**Please Note:** Please make sure this information is correct and current for Temporary Solutions records

Next, you will make selections for your **availability, RIF priority reemployment, relations to a state employee and Military Service registration**.

<b>Availability</b> Do you now work for the State of NC? <input type="radio"/> YES <input type="radio"/> NO	<b>Are you a layoff candidate with the State of N.C. eligible for RIF priority reemployment consideration as described by GS 126:</b> <input type="radio"/> YES <input type="radio"/> NO <b>Notification Date:</b> Are you related by blood or marriage to any person now working for the State <input type="radio"/> YES <input type="radio"/> NO If yes, give name, relationship to you and the agency where employed.	If subject to Military Selective Service registration, certify compliance by initialing dotted line Initial ↓ .....
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### Availability

Do you currently work for the State of NC? Please **select yes or no** by **clicking** one of the **red circles**.

### RIF Priority Reemployment

Please **select** if you are a layoff candidate. Please **select yes or no** by **clicking** one of the **red circles**.

If you are a layoff candidate, please **type your notification date**.

### Relationship to State Employee

Please **select yes** or **no** by **clicking** one of the **red circles**. If you **select yes**, please complete the new textbox provided.

### Military Selective Service Registration

If you **are subject to registration**, certify compliance by **clicking** the **initial** icon.

### Military Service

Please complete the **required selections** by **clicking yes** or **no**. If you have served honorable in the Armed Forces of the United States, please **provide your (or spouse's) qualifying military service** in the **text boxes**.

### Types of Work Will Accept

Next, please **complete** the types of work **you will accept**. You will do so by **clicking each of the 7 options (shown below)**.

CHECK the types of work you will accept:		<input type="checkbox"/> 1. Permanent full-time	<input type="checkbox"/> 2. Permanent part-time	<input type="checkbox"/> 3. Temporary full-time	<input type="checkbox"/> 4. Temporary part-time
		<input type="checkbox"/> 5. Any of the preceding	<input type="checkbox"/> 6. Work involving Travel	<input type="checkbox"/> 7. Shift or Split Shift Work	
If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.)					
<input type="text"/>					
Will you accept work anywhere in N.C.? <input type="radio"/> YES <input type="radio"/> NO (If no, list below the counties in which you would be willing to work.)					
1.	2.	3.	4.	5.	

**Please Note:** You may select more than 1 (one) option.

The next question is regarding your **availability for work**.

If you are **not** available to start work now, **please type in the date you are able to start**. *This is optional.*

The next question is regarding where you will accept work.

This is required as Temporary Solutions serves the **whole state of NC**. Please **select yes** or **no**. If **no**, **please list** the counties you would be willing to work.

### Job Applied For

If you applied for a specific job, please put the title here. You may also put the vacancy number.

*This is optional.*

### Referral Source

If you were referred to Temporary Solutions or a specific position, please type in the source here.

## Application for Employment – Education

After completing the other areas of the application, you will now be **required** to complete your **education** section. This will assist the Placement Counselor team in **qualifying you for your hourly rate**.

Education						
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4						
Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.						
Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Special training programs and seminars you have completed in the last five years (list):						
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:						
Current professional status: (List fields of work for which you have been registered)						
Registration:		State:		No.		
Registration:		State:		No.		
Membership in professional, honorary, or technical societies (list):			<b>DO NOT COMPLETE THIS BLOCK</b> <b>DEGREES AND PROFESSIONAL CREDENTIALS</b> <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible:			

Please **select all the options that apply to you**.

**For example:** If you went to Graduate school, please select High School, College and Graduate or Professional school. You have the options below:

1 – 12, GED, College (1 – 4), Graduate School (1 – 4)

You are **required** to **select at least one** of the options.

Once you have **selected** your **highest level of education**, you will see the school textboxes have become **required**. Please **complete** the school's information by **typing in each textbox**. A completed College section is shown below.

College(s) University (s)	UNC Wilmington	8/2000 - 5/2004	YES <input checked="" type="radio"/> NO <input type="radio"/>	120	English	BA
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## Special Training Programs & Seminars

This field is **optional**. If your temporary job requires you to complete this, please complete this section by typing in the blank text box.

## Specific Courses Taken

This field is **optional**. If your temporary job requires you to complete this, please complete this section by typing in the blank text box.

### **Current Professional Status**

This field is ***optional***. If your temporary job requires you to complete this, please complete this section by typing in the blank text boxes.

**Important: If your professional field requires you to have a license or registration, please complete the Current Professional Status section on page 2 of your application .**

### **Licenses & Certifications**

This field is ***optional***. If your temporary job requires you to complete this, please complete this section by typing in the blank text boxes.

**Important: If your professional field requires you to have a license or registration , please complete the Licenses and certifications on pages 3 of your application.**

### **Skills**

This field is ***optional***. If your temporary job requires you to complete this, please complete this section as instructed.

### **Have you ever been convicted of an offense against the law other than a minor traffic violation?**

This question requires an answer. Please **select yes** or **no**.

**Please Note:** A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.

If you **select yes**, please explain fully on an additional sheet.

## Application for Employment – Work History

In this section of your application, **please list your work history**. This history can be volunteer experience.

Please complete this to the **best of your knowledge** as the education and experience completion will be used in order to **qualify** you for the budgeted hourly rate by the Placement Counselor team.


Please make sure you highlight your competencies which demonstrate your qualifications for the position(s) for which you are applying.

WORK HISTORY (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.					
Current or Last Employer:			Address:		
Job Title:			Supervisor's Name		Telephone Number
					No. Supervised by you:
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving		May We Contact Employer
	\$ per	\$ per			YES <input type="radio"/> NO <input type="radio"/>
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					

For your work history, you are **only required** to complete the **red text boxes**. However, please complete as many as you are able per instructions above.

**Please Note:** If you **do not** have any work experience, please complete the required sections by typing **N/A or 0** (zero)

After completing as much of the work history section as you are able, please **click the sign icon** (as shown below). The date will be pre-populated for you as today's date.

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)	
	4/13/2020
Signature of Applicant (unsigned applications will not be processed)	Date

After you have signed page 3 of the application, you **must type the last 4 digits of your social security number** of the top of next page (shown below).

PD 107 A (Rev 06/2009) Continuation Sheet -- Application for Employment		
<b>STATE OF NORTH CAROLINA</b> An Equal Opportunity/Affirmative Action Employer	Last 4 digits of Social Security No. <input type="text"/>	Last Name Employee

If you have additional experience, please list on this page as well.

If not, please **sign** this page by **clicking the sign icon**.

### **Employment through Temporary Solutions Form**

After completing your **Application for Employment State of North Carolina**, you will be brought to the **Employment through Temporary Solutions** document.

### **Employment through Temporary Solutions Form Details**

This form provides you information about being a temporary employee, the responsibility you have as a temporary employee as well as the responsibility of Temporary Solutions and the agency you are assigned to. Please **review**, **initial** and **sign** as required.

### **Employment Through Temporary Solutions Form Steps**

After reviewing each statement, please **click** the **Initial** button. This provides DocuSign with your initials. Your initials serve as confirmation you have read and agree with the statement listed.

Please **click Initial** to the left of the **Safety First! Statement**.

Next, you will be asked to initial the next 5 statements. Please read each statement and initial as needed.

### **Mandatory Break-In-Service Section of Employment Through Temporary Solutions Document**

After you have reviewed and initialed the statement regarding mandatory breaks for temporary employees, you will see the **radio button options** to **select** an option regarding the mandatory break.

The options are shown below.

☐ I do not qualify for the mandatory break-in-service exception because I am not retired, a full-time student, or an inmate.

☐ I qualify for the mandatory break-in-service exception because:

Please **select** which applies to you by clicking the **red circle radio button**.

**If you do qualify** for the mandatory break-in-service exception it should be due to the reasons listed on page 3 of your Employment through Temporary Solutions Form.

If you **select** that you **do qualify**, you will see radio buttons appear to the left of the reasons. Please **select** which option relates to you.

Some of the selections will request you to provide more details (as shown below).

☒ I am not retired from North Carolina state government, but I am drawing retirement benefits from one or more of the following:

☐ Private company

☐ United States military

☐ Federal government

☐ North Carolina local or county government

☐ Social Security

☐ Another State's retirement system

☐ Other \_\_\_\_\_

Please make your selections by **clicking** the box to which applies to you.

**Please Note:** If you click **Other**, you must complete the textbox required by typing in further details.



After completing this section, please keep initialing through the document until page 5/5 of the **Employment through Temporary Solutions** document.

## Employee Information & Emergency Contact Information Section

### Employee Information Completion

In the Employee Information Section of this form, you must complete the following about yourself:

Legal Name (Print)

Signature

Address

City, State ZIP

Home Phone

Mobile Phone

Personal Email

### Legal Name Section How-To

In order to complete your **Legal Name**, please **click inside the text box** to type your name.

When completed the text box should look similar to below:

Legal Name (Print)	Temporary Employee
--------------------	--------------------

### Signature & Date Section How-To

Next, you will need to **sign & date** in the area shown below.

		Date	4/6/2020
---	--	------	----------

You will complete this area by **clicking** the **Sign** icon.

**Please Note:** The Date will automatically populate for you as shown above.

### Address, City, State & Zip Section How-To

Next, you will need to fill in the blank text boxes for your **address, city, state and zip code**.

You will do this by **clicking** on **each blank text box**. After clicking on the blank text box, please type in your information (as you did for the Legal Name completion).

For parts of the form that **do not apply to you**, please type **N/A** as shown below.

**Required parts of the forms will not allow you to leave them blank.**

Legal Name (Print)	Temporary Employee		
Signature	DocuSigned by: Temporary Employee B0C9B078C6C4F4...	Date	4/6/2020
Address	1234 Temporary Solutions Lane		
	N/A		
City, State ZIP	Raleigh, NC 27603		

**Please Note:** You may click the **Tab** button on your keyboard or the **Next** button on the screen in order to move through each section.

#### Home Phone & Mobile Phone Section How-To

Next, you will need to fill in the blank boxes for both your **home phone** and **mobile phone**.

You will do this by **clicking** on **each blank text box**. After clicking on the blank text box, please type in your information (as you did for other fields).

You must complete **both home and mobile phone** in the **correct format** request.

This format is as follows: ###-###-####

The document will **not accept** phone numbers in formats other than listed above.

If you only have one of the phone number options, **please put that number** into **both sections** as shown below.

Home Phone	919-000-0000	Mobile Phone	919-000-0000
------------	--------------	--------------	--------------

#### Personal Email Section How-To

Next, you will need to fill in the blank textbox for your **personal email**. Please make sure this is your **personal email address** and the best email address to reach you.

You will do this by **clicking** on **each blank text box**. After clicking on the blank text box, please type in your information (as you did for other fields).

Please complete the text box by filling it in the format as follows: **emailaddress@domain.com**

The document **will not** accept an invalid email. It **must** be in the format listed above as shown below.

Personal Email	temporaryemployee@gmail.com
----------------	-----------------------------

### Emergency Contact Information How To

On page 5/5 of the Employment through Temporary Solutions document, you **must** complete the following about your **emergency contact**:

Name (Print)  
Relationship to You  
Address  
City, State ZIP  
Home Phone  
Mobile Phone  
Personal Email

All these textboxes are completed the same way the Employee Information was completed. Please refer back to the Employee Information Completion, by clicking [here](#) for assistance.

### State of North Carolina – Equal Opportunity Information

The information provided on this document will in no way affect you as an applicant. Its sole use will be to determine how well our recruitment efforts are in teaching all segments of the population.

Please read through this document and complete the necessary responses.

You will complete the following sections of this document:

Date of Birth  
Sex  
Ethnicity  
Disability  
Legal Name  
Signature  
Date

### Date of Birth Section How-To

In order to complete the date of birth section, please complete each text box with the appropriate numbers.

Please complete the form in the following format: **MM/DD/YYYY** (shown below)

Date of Birth		
01	01	1901

### Sex Section How-To

Please **click** the **radio button** that pertains to you.

### **Ethnicity Section How-To**

Please **click** the **radio button** that pertains to you.

*If* you Select **Other**, please type in the appropriate text box your response.

### **Disability Section How-To**

Please click the radio button that pertains to you.

**Please Note:** The reporting of a disability is **strictly voluntary**.

### **Legal Name (Print) How-To**

This section should be completed for you already. **If not,** please type your **First Name** and **Last Name**.

The date should automatically complete as well.

### **Signature Section Completion**

Please **click** the **Sign** icon in order to electronically sign the **Equal Opportunity Information** document.


### **Direct Deposit Enrollment and Change Form**

After you have completed the previous form, you will be brought to the **Direct Deposit Enrollment and Change Form**.

This form is used for when a temporary employee is onboarded as well as if any changes need to be made to banking statements.

The Direct Deposit Enrollment & Change Form is shown below.

DocuSign Envelope ID: 2BF1FE01-7315-459D-8104-5E60D4741072



**DIRECT DEPOSIT  
ENROLLMENT AND CHANGE FORM**  
FORM OSCPX 01

☐ Mid-Month or Bi-Weekly
 ☐ Monthly Payroll
 Payroll Unit # \_\_\_\_\_  
(to be completed by Payroll Office)

---

☐ **ENROLL** me in direct deposit
 ☐ **CHANGE** my direct deposit


SOCIAL SECURITY NUMBER:	FIRST NAME:	MI:	LAST NAME:
AGENCY OR UNIVERSITY: Temporary Solutions	WORK E-MAIL ADDRESS:	WORK PHONE NUMBER:	

NAME OF BANK OR FINANCIAL INSTITUTION:

☐ Deposit to my CHECKING or MONEY MARKET account (my name is on this account)  
☐ Deposit to my SAVINGS account (my name is on this account)

**I am ATTACHING** (check one and STAPLE HERE)

☐ a PHOTOCOPY of a CHECK with my preprinted name and current address  
☐ a CHECK marked "VOID" with my preprinted name and current address  
☐ an official BANK FORM, certified and stamped by a banking official, which provides my account number and the bank routing number  
☐ a DEPOSIT SLIP for my savings account PLUS the bank routing number shown below: \_\_\_\_\_



**PLEASE NOTE:**

The Office of the State Controller (OSC) will transmit your payment electronically based on the information you have provided. If the payroll transmission fails because you have given your Payroll Office incorrect or outdated information, the State can only provide a replacement payment AFTER a refund from the financial institution has been received. It is important that you provide correct account and bank routing numbers, and that you notify your Payroll Office **immediately** if you change banks or account numbers. The OSC has the right to retract and correct payments, as necessary.

**This completed form must be received in your Agency Payroll Office no less than 15 days prior to your next pay date for the direct deposit to be effective for the next pay period.**

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). Check one of the following:

☐ I affirm that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount **is not** subject to being transferred to a

In order to complete this form you will need the following:

Social Security Number

First Name Last Name

E-Mail Address

Phone Number

Name of Bank or Financial Institution

A photocopy of a check, an actual check marked void, an official bank form or a deposit slip for a savings accounts

### Completing the Direct Deposit Enrollment and Change Form

The first step to completing this document is to **select** what payroll type you, as a temporary employee are.

### What payroll status is a temporary employee?

As a temporary employee, please **select Mid-Monthly or Bi-Weekly** as shown below.

<input checked="" type="radio"/> <b>Mid-Month or Bi-Weekly</b>	<input type="radio"/> <b>Monthly Payroll</b>
--	--

## Temporary Solutions Employee DocuSign Booklet – Onboarding & Remote Verification

Next, please **select** which option pertains to you currently. If you are completing these documents for the first time, please **select Enroll me in direct deposit** (as shown below).

<input checked="" type="radio"/> <b>ENROLL</b> me in direct deposit	<input type="radio"/> <b>CHANGE</b> my direct deposit
---	---

Next, please complete the blank text boxes with your **social security number, first name, last name, your email address and work number.**

Please use the same formatting as requested on the Employment through Temporary Solutions Form. The formats are provided in the screenshot below.

<b>SOCIAL SECURITY NUMBER:</b> 111-111-1111	<b>FIRST NAME:</b> Temporary	<b>MI:</b> 	<b>LAST NAME:</b> Employee
<b>AGENCY OR UNIVERSITY:</b> Temporary Solutions	<b>WORK E-MAIL ADDRESS:</b> temporaryemployee@gmail.com	<b>WORK PHONE NUMBER:</b> 919-000-0000	

**Please Note:** Use your current (personal) email address and phone number.

Please now type **your bank or financial institution name** in the blank text box (as shown below).

<b>NAME OF BANK OR FINANCIAL INSTITUTION:</b>	Temporary Employee Bank Name
---	------------------------------


You will need to next select which choice pertains to you. This choice will be **how** you will be paid for your first payroll cycle. You will select one of the radio buttons to select.

**Please Note:** If this information changes, please let Temporary Solutions know as soon as possible.

### I am attaching (check one and staple here)

After selecting your choice of deposit, you must choose **how** you want to provide your bank information to Temporary Solutions. You will choose from the following options:

<b>I am ATTACHING</b> (check one and STAPLE HERE)	
<input type="radio"/>	a PHOTOCOPY of a CHECK with my preprinted name and current address
<input type="radio"/>	a CHECK marked "VOID" with my preprinted name and current address
<input type="radio"/>	an official BANK FORM, certified and stamped by a banking official, which provides my account number and the bank routing number
<input type="radio"/>	a DEPOSIT SLIP for my <u>savings account</u> PLUS the bank routing number shown below: _____

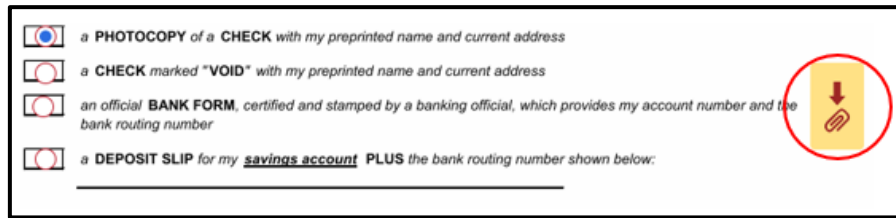


First, please **select** which option by **clicking the radio button** to the left of the choice.

After you have **made your selection**, you will need to **attach your document.**

## Temporary Solutions Employee DocuSign Booklet – Onboarding & Remote Verification

Please **attach your document** by clicking the **arrow and paperclip button** (circled in picture below).

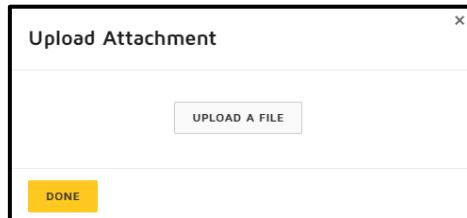


The screenshot shows a document checklist with four items, each preceded by a red circle icon:

- ☐ a **PHOTOCOPY** of a **CHECK** with my preprinted name and current address
- ☐ a **CHECK** marked "**VOID**" with my preprinted name and current address
- ☐ an official **BANK FORM**, certified and stamped by a banking official, which provides my account number and the bank routing number
- ☐ a **DEPOSIT SLIP** for my savings account **PLUS** the bank routing number shown below:

Below the fourth item is a horizontal line for the routing number. To the right of the list, a yellow button with a black arrow pointing down and a red paperclip icon is circled in red.

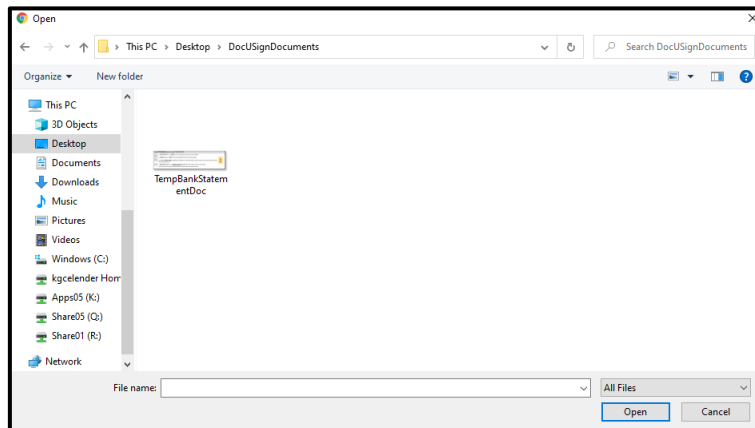
After clicking the attachment button, an **Upload Attachment** screen should pop up, as shown below.



The screenshot shows a window titled "Upload Attachment" with a close button (X) in the top right corner. Inside the window, there is a large button labeled "UPLOAD A FILE" and a smaller yellow button labeled "DONE" at the bottom left.

Please click **upload a file** in order to attach your required document.

This will prompt your computer to bring you to your files (as shown below).



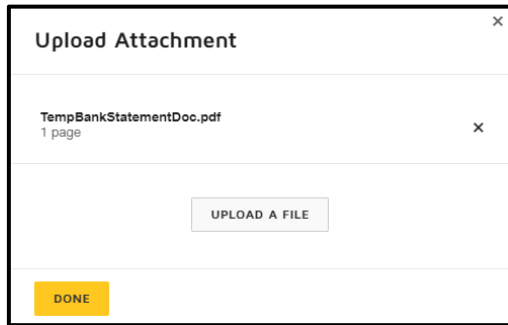
Please next **select the document** you would like to upload and then click **open** (circled below).



**Please Note:** This may take DocuSign a moment to process the document.

## Temporary Solutions Employee DocuSign Booklet – Onboarding & Remote Verification

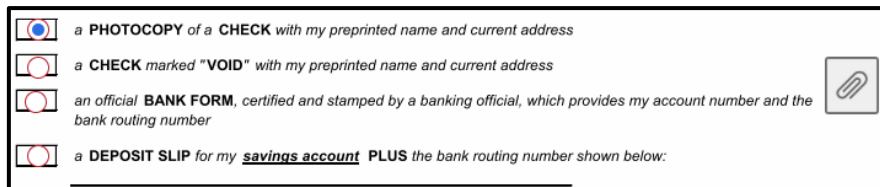
If your upload has completed correctly, you should see the page shown below.



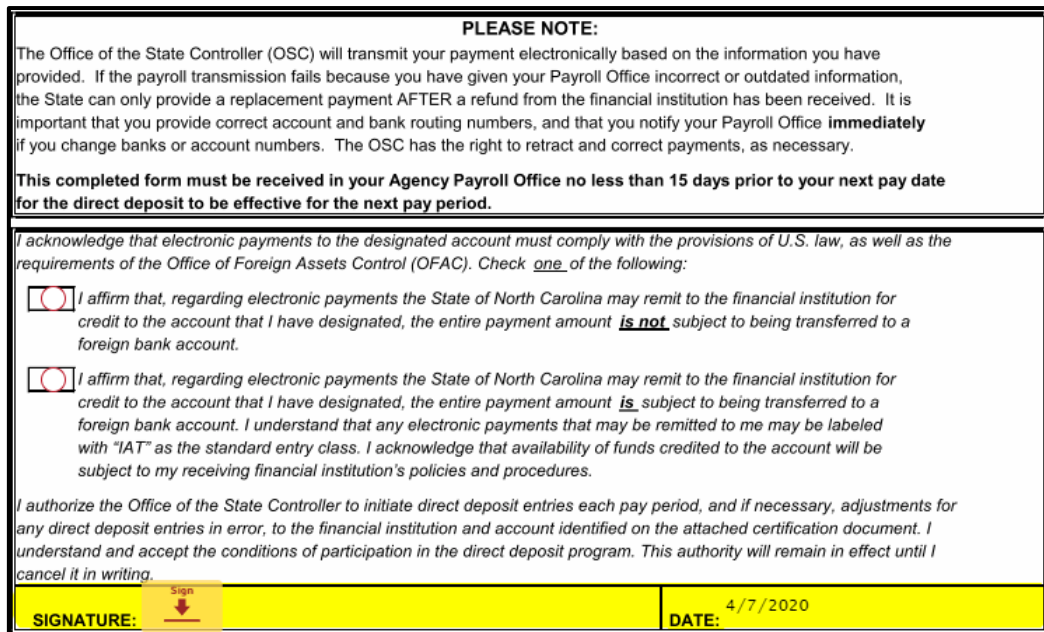
Please click **done** if your document has attached.

**Note:** If you need to attach another file, please click upload file and follow the previous steps.

You will know your document has attached if the **paperclip** icon has changed (as shown below).



Next, please read the statements and **select the affirmation choice** that pertains to you as shown below.



In order to complete this document, please **click the sign icon**.



## W-4 Employee's Withholding Certificate

After completing the **Direct Deposit Enrollment and Change Form**, your DocuSign should bring you to the screen shown below.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Certificate</b> ▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ▶ Give Form W-4 to your employer. ▶ Your withholding is subject to review by the IRS.		OMB No. 1545-0074 <b>2020</b>
<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial <input type="text"/>		Last name <input type="text"/>	
	Address <input type="text"/>		(b) Social security number <input type="text"/>	
	City or town, state, and ZIP code <input type="text"/>		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .	
	(c) <input type="radio"/> Single or Married filing separately <input type="radio"/> Married filing jointly (or Qualifying widow(er)) <input type="radio"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		-- select -- <input type="text"/>	
Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.				
<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b> Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do <b>only one</b> of the following. (a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3-4); <b>or</b> (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; <b>or</b> (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. . . . . <input type="checkbox"/> <b>TIP:</b> To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.				
Complete Steps 3-4(b) on Form W-4 for <b>only ONE</b> of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)				
<b>Step 3:</b> <b>Claim Dependents</b> If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ <input type="text"/> Multiply the number of other dependents by \$500 . . . . . ▶ \$ <input type="text"/> Add the amounts above and enter the total here . . . . . <b>3</b> \$ <input type="text"/>				
<b>Step 4 (optional):</b> <b>Other Adjustments</b> (a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . <b>4(a)</b> \$ <input type="text"/> (b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . <b>4(b)</b> \$ <input type="text"/> (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . . <b>4(c)</b> \$ <input type="text"/>				
<b>Step 5:</b> Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.				

In order to complete this document, you will need to complete the **required text boxes** and make your **selections**.

If you need **assistance or further instruction** with the W-4, please scroll down to the page 2 of the document.

Pages 2 – 4 of the W-4 document provide instructions and worksheet in order to assist with completion.

### Step 1: Enter Personal Information

The following areas are required:

First name and middle initial Last name (*text box completion*)

Social security number (*text box completion*)

Address (*text box completion*)

State (*must select from drop down menu*)

Zip Code (*text box completion*)

Please **select** how you would like to file your W-4 from the choices shown below.

<input type="radio"/>	Single or Married filing separately
<input type="radio"/>	Married filing jointly (or Qualifying widow(er))
<input type="radio"/>	Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

After making your selection, you can complete **Step 2: Multiple Jobs or Spouse Works Section** (this section is not required).

### Step 2: Multiple Jobs or Spouse Works

If you need to complete Step 2, please follow the instructions provided on the form.

After completing Step 1 and/or Step 2, you are required to complete **Step 3: Claim Dependents** for this DocuSign.

### Step 3: Claim Dependents

In order to complete **Step 3: Claim Dependents**, you will need to complete the required two text boxes shown below.

<b>Step 3:</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):	
<b>Claim Dependents</b>	Multiply the number of qualifying children under age 17 by \$2,000 ▶	\$ <input type="text"/>
	Multiply the number of other dependents by \$500 . . . ▶	\$ <input type="text"/>

If Step 3 does not pertain to you, please put zero as shown below.

\$ <input type="text" value="0"/>	3	\$ <input type="text" value="0"/>
\$ <input type="text" value="0"/>		

**Please Note:** The amounts provided in Step 3 will automatically add for you in DocuSign

### Step 4: Other Adjustments

This section is optional. If you need to complete Step 4, please follow the instructions provided on the form.

### Step 5: Sign Here

Please read the statement in Step 5. If you agree to the statement, please **click** the **Sign** icon. The date will automatically populate for you.

Once your W-4 is completed, DocuSign will take you to the **NC-4 EZ Employee's Withholding Allowance Certificate**.

**NC-4EZ Employee's Withholding Allowance Certificate**

After completing the **W-4 document**, your DocuSign should bring you to the screen shown below.

**NCDOR** Web 11-19 | **NC-4EZ Employee's Withholding Allowance Certificate**

Filing Status (Mark one box only) ☐ Single or Married Filing Separately ☐ Head of Household ☐ Married Filing Jointly or Surviving Spouse

Social Security Number

First Name  M.I.  Last Name

Address  County (Enter first few letters)

City  State  Zip Code  Country (if not U.S.)

-- select --

**Instructions.** Use Form NC-4EZ if you:

- Plan to claim the N.C. Standard Deduction
- Plan to claim the N.C. Child Deduction Amount (but no other N.C. deductions)
- Do not plan to claim N.C. tax credits
- Qualify to claim exempt status (See Lines 3 or 4 below)

**Important.** If you plan to claim N.C. itemized deductions or plan to claim other N.C. deductions (other than the N.C. Child Deduction Amount), you must complete Form NC-4. If you are a nonresident alien, you must complete Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)

If you plan to claim the N.C. Child Deduction Amount, use the table below for your filing status, amount of income, and number of children under age 17 to determine the number of allowances to enter on Line 1. For married taxpayers, only one spouse may claim the allowance for the N.C. Child Deduction Amount for each child.

Single & Married Filing Separately		Married Filing Jointly & Surviving Spouse		Head of Household	
Income	# of Children under age 17	Income	# of Children under age 17	Income	# of Children under age 17
	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10
	# of Allowances		# of Allowances		# of Allowances
0 - 20,000	1 2 3 4 5 6 7 8 9 10	0 - 40,000	1 2 3 4 5 6 7 8 9 10	0 - 30,000	1 2 3 4 5 6 7 8 9 10
20,001 - 30,000	0 1 2 3 4 5 6 7 8	40,001 - 60,000	0 1 2 3 4 5 6 7 8	30,001 - 45,000	0 1 2 3 4 5 6 7 8
30,001 - 40,000	0 1 1 2 3 3 4 4 5 6	60,001 - 80,000	0 1 1 2 3 3 4 4 5 6	45,001 - 60,000	0 1 1 2 3 3 4 4 5 6
40,001 - 50,000	0 0 1 1 2 2 2 3 3 4	80,001 - 100,000	0 0 1 1 2 2 2 3 3 4	60,001 - 75,000	0 0 1 1 2 2 2 3 3 4
50,001 - 60,000	0 0 0 0 1 1 1 1 1 2	100,001 - 120,000	0 0 0 0 1 1 1 1 1 2	75,001 - 90,000	0 0 0 0 1 1 1 1 1 2
60,001 and over	0 0 0 0 0 0 0 0 0 0	120,001 and over	0 0 0 0 0 0 0 0 0 0	90,001 and over	0 0 0 0 0 0 0 0 0 0

1. Total number of allowances you are claiming (Enter zero (0), or the number of allowances from the table above)

2. Additional amount, if any, you want withheld from each pay period (Enter whole dollars) .00

3. I certify that I am exempt from North Carolina withholding because I meet both of the following conditions:

- Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and
- This year, I expect a refund of all State income tax withheld because I expect to have no tax liability.

Check Here ☐

4. I certify that I am exempt from North Carolina withholding because I meet the requirements set forth in the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act and Veterans Benefits and Transition Act. (See Form D-401, North Carolina Individual Income Tax Instructions, for more information.)

Check Here ☐

If an exemption on Line 3 or Line 4 applies to you, enter the year the exemption became effective

**Filing Status**

Please **select** one of the options provided as **your filing status**.

**Complete Personal Information**

In this section, like the previous documents, you will need to complete each required textbox by typing your information in.

The required fields (please complete in the correct formats) are as follows:

Social Security Number

First Name

Last Name

Address

County

City

Select your state

Zip Code

Country (if not US)

### Complete Total Number of Allowances You are Claiming

In order to complete the total number of allowances claimed, please **review the table provided on DocuSign**.

You may then complete the **number of allowances claimed** by typing the number in the required text box (as shown below).

In the example below, the temporary employee is claiming **zero allowances**.

1. Total number of allowances you are claiming (Enter zero (0), or the number of allowances from the table above)	0
---	---

### (Step 3 – 5) on NC-4EZ

Steps 3 – 5 are not required. These steps are shown below.

3. I certify that I am exempt from North Carolina withholding because I meet both of the following conditions:		
<ul style="list-style-type: none"><li>• Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; <b>and</b></li><li>• This year, I expect a refund of all State income tax withheld because I expect to have no tax liability.</li></ul>	Check Here	<input type="checkbox"/>
4. I certify that I am exempt from North Carolina withholding because I meet the requirements set forth in the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act and Veterans Benefits and Transition Act. (See Form D-401, North Carolina Individual Income Tax Instructions, for more information.)		Check Here
If an exemption on Line 3 or Line 4 applies to you, enter the year the exemption became effective _____		<input type="checkbox"/>
5. I certify that I no longer meet the requirements for an exemption on Line 3 <input type="radio"/> or Line 4 <input type="radio"/> (Check applicable box)		
Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based on the number of allowances entered on Line 1 and any additional amount entered on Line 2.		Check Here <input type="checkbox"/>

Please follow the instructions provided in DocuSign in order to complete these steps.

### Sign Here

Please read the statement **above the Employee's Signature Line**.

If you agree to the statement, please click the **Sign icon**. The date will automatically populate for you.

# **Employment Eligibility Verification USCIS Form I-9**

In order for your employer to verify your employment eligibility in the United States, you **must complete the I-9 Section 1** and **provide the necessary documentation**.

**Please Note:** Remember, these are the instructions for **remote verification**

Please see below for what your DocuSign screen should show for this step.

DocuSign Envelope ID: 2B884134-D9AE-4B2C-A6B2-6036DD06C0CC



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

---

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name) Employee		First Name (Given Name) Temporary		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number	Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): \_\_\_\_\_  
 Some aliens may write "N/A" in the expiration date field. *(See instructions)*

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

**OR**

3. Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

QR Code - Section 1  
Do Not Write in This Space




Optional

Signature of Employee 

Today's Date (mm/dd/yyyy) 4/13/2020

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

You, as the temporary employee will need to do the following:

Complete Section 1 completely

Sign & Date Section 1

Provide the required documentation listed on the I-9 Form

## Section 1. Employee Information and Attestation Completion

Please complete each section by typing in the required textboxes.

The required textboxes are as follows:

Last Name (Family Name)

First Name (Given Name)

Address (Street Number and Name)

City or Town

State

ZIP Code

Date of Birth

US Social Security Number

Employee's Email Address

Employee's Telephone Number

### Last Name & First Name

The I-9 has pre-populated your Last name and First Name by the first steps of adopting your name and initials. Please click [here](#) to re-review that section.

### Address, City or Town, State & ZIP Code

Please **type** in your **address**.

*If you have an apartment number, please complete the Apt. Number by typing in the apartment/unit number.*

Please **type** in your **City or Town**.

Please **select** your **State** from the list provided. You can view the list provided by **clicking** on the blank State textbox.

Please **type** in your **ZIP Code**.

### Date of Birth

Please complete the date of birth by either typing in the date of birth in the correct format of MM/DD/YYYY **or** selecting your date of birth from the calendar pop up.

### U.S. Social Security Number

Please complete the U.S. Social Security Number by **typing** one number at a time in of your SSN or Government ID in each **separate** text box. **Each individual box requires one number.**

You may do this easily by clicking **tab** on your keyboard after each number.

### Employee's E-mail Address



Please complete this section by typing in your email address in the correct format (email@domain.com).

## Employee's Phone Number

Please complete this section by typing in your phone number in the correct format (###-###-####).

## Check one of the following boxes:

In this section **you are required** to check one of the four (1 – 4) options by clicking on one of the radio buttons (all options are shown below).


<b>I attest, under penalty of perjury, that I am (check one of the following boxes):</b>	
<input type="radio"/> 1. A citizen of the United States	
<input type="radio"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="radio"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="radio"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____	<div>QR Code - Section 1 Do Not Write In This Space</div> <div> </div> <div>Optional</div>
<b>OR</b>	
2. Form I-94 Admission Number: _____	
<b>OR</b>	
3. Foreign Passport Number: _____	
Country of Issuance: _____	

**If** you select one of the options that may need more information, you will be provided with additional text boxes to complete.

**Please Note:** If you are a Foreign Visitor, you will have to complete the last page of the onboarding documentation.

## Signature of Employee

Please **click** the **Sign** icon in order to verify Section 1 is complete to your best knowledge. The date will automatically populate for you.

Signature of Employee 	Today's Date (mm/dd/yyyy) 4/7/2020
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### Preparer and/or Translator Certification

**If you used a preparer or translator to assist with Section 1 completion , please check the appropriate box.**

**If you did use a preparer or translator, please have them** complete the required text boxes.

<b>Preparer and/or Translator Certification (check one):</b> <input type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. <i>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</i>			
<b>I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.</b>			
Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	ZIP Code

Once you have completed this, you are done with your I-9 Section 1 section of the Onboarding documents.

### Remote Verification & Document Instructions

As instructed at the beginning of the DocuSign process and the beginning of this job aid. Due to the circumstances, you will be attaching your documents for employment verification within DocuSign.



The list of acceptable documents is shown on page 3/3 of the I-9 as well as below.


LISTS OF ACCEPTABLE DOCUMENTS		
All documents must be UNEXPIRED		
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.		
LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record
		6. Military dependent's ID card
		7. U.S. Coast Guard Merchant Mariner Card
		8. Native American tribal document
		9. Driver's license issued by a Canadian government authority
		<b>For persons under age 18 who are unable to present a document listed above:</b>
		10. School record or report card
		11. Clinic, doctor, or hospital record
		12. Day-care or nursery school record
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		4. Native American tribal document
		5. U.S. Citizen ID Card (Form I-197)
		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

In order for your employer to verify your employment in the U.S. you must present one selection from List A or a combination of one selection from List B and one selection from List C.

**All documents must be unexpired.**

After you have selected your acceptable document(s), you will attach the document(s) to your section 1 of your I-9 by clicking the **paperclip icon(s)**. This is shown below.

<p>4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)</p> <p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b></p> <p>2. Form I-94 Admission Number: _____ <b>OR</b></p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p> <div style="text-align: center;">  <p>Optional</p> </div>
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After **clicking** the **paperclip icon**, your screen should show an **Upload a File** icon.

Please click the icon and follow the instructions.

If you need assistance attaching your document(s), please click [here](#) to take you back to how to attach your direct deposit requested document.

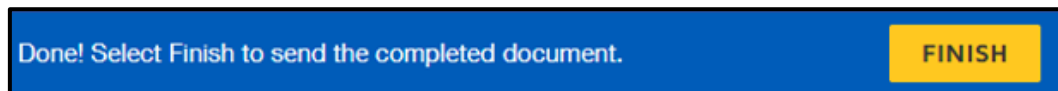
**Are you done? Let's find out!**

You should **not** see a **Next** button to the left of your documents anymore.

If you do still see the **Next** icon (as shown below), please **click Next** to see what required fields you may have missed.



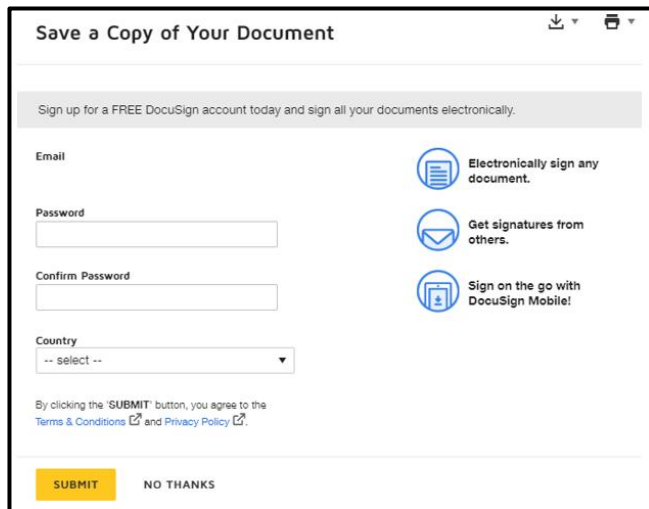
Once the **Next** button icon has disappeared, you should see the '**Done! Select Finish to send the completed document!**' Message appear at the top of your screen (as shown below).



Please **click FINISH**.

## Temporary Solutions Employee DocuSign Booklet – Onboarding & Remote Verification

Congratulations, you have finished your onboarding documentation! You should now receive a similar notification/request to below:



If you would like to sign up for a free DocuSign account, you may at this time.

If you would like to **save** or **print** your documents, please **click** one of the icons (shown below).



After either **clicking Submit** or **No Thanks**, your screen should populate the message below.



This means the necessary documents have been submitted to your agency's Placement Counselor as well as the HR Administrator at the agency.

**Please reach out to the Placement Counselor with any questions or concerns.**

